

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless directed otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p>ELI LILLY AND CO. PATENT DIVISION/MVJ LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285</p>	<p>INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/164,074	12/08/93	017	CHANG, C	01/23/95
First Named Applicant: FRANK, SCOTT A.				

TITLE OF INVENTION: PREPARATION OF 3,4,4-TRISUBSTITUTED-PIPERIDINYL-N-ALKYL CARBOXYLATES AND INTERMEDIATES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 X8847	0514483	0113	UTILITY		\$1210.00	04/24/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front
<p>Eli Lilly and Company Attention: Patent Division Lilly Corporate Center Indianapolis, IN 46285</p>	<p>page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.</p> <p>1. MaCharri Vorndran-Jon 2. 3.</p>

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6. The following fees are enclosed
<p>(1) NAME OF ASSIGNEE: Eli Lilly and Company (2) ADDRESS: (CITY & STATE OR COUNTRY) Lilly Corporate Center, Indianapolis, IN 46285</p>	<p><input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies DEPOSIT ACCOUNT NUMBER: 05-0830 (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 8 <input type="checkbox"/> Any Deficiencies in Enclosed Fees</p>

A. ☐ This application is NOT assigned.
☐ Assignment previously submitted to the Patent and Trademark Office.
☒ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

<p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p> <p>(Authorized Signature) <i>MaCharri Vorndran-Jon</i> (Date) 2/6/95</p> <p>NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>
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